

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

In re VASO ACTIVE PHARMACEUTICALS)
SECURITIES LITIGATION)

Master Docket No. 04-10708 (RCL)

In re VASO ACTIVE PHARMACEUTICALS)
DERIVATIVE LITIGATION)

Master Docket No. 04-10792 (RCL)
(Consolidated Derivative Action)

STATE OF WISCONSIN)

MILWAUKEE COUNTY)

AFFIDAVIT OF ANYA VERKHOVSKAYA

I, Anya Verkhovskaya, being duly sworn, declare as follows:

1. I am the Senior Vice President for A.B. Data, Ltd.’s Class Action Administration Division (“A.B. Data”) in Milwaukee, Wisconsin and New York, New York. My business address is 4057 North Wilson Drive, Milwaukee, Wisconsin 53211. My direct telephone number is (414) 963-6441.

2. I submit this Affidavit in connection with the claims administration program for *In re Vaso Active Pharmaceuticals Securities Litigation*, Master Docket No. 04-10708 (RCL) (D. Mass.) (the “Securities Action”), at the request of Schiffrin & Barroway, LLP (“Lead Counsel”). This Affidavit is based upon my personal knowledge and upon information provided by Lead Counsel, my associates and staff, in support of Lead Counsel’s Motion for Distribution of the Net Settlement Fund.

DISSEMINATION OF NOTICE AND PROOF OF CLAIM AND RELEASE

3. A Settlement of this Action with a value of \$1,250,000 in cash and \$750,000 face amount of two year 5% subordinated callable notes at \$1.75 per share (the “Notes”) was proposed pursuant to the Stipulation and Agreement of Settlement dated as of September 21, 2005 (the “Stipulation”), among Edwin Choi, Richard Cheng, and Joe Huback (“Lead Plaintiffs”), and Vaso Active Pharmaceuticals, Inc., John J. Masiz, Stephen G. Carter, Joseph Frattaroli, Bruce A. Shear, Gary Fromm, Brian J. Strasnick, William P. Adams, Robert E. Anders and Kashner Davidson Securities Corp. (the “Defendants”).

4. Pursuant to the Preliminary Approval Order in Connection with the Settlement Proceedings in the Securities Settlement dated October 4, 2005 (the “Notice Order”), Lead Counsel was authorized to retain A.B. Data to disseminate the Court-approved Joint Notice of Proposed Settlement of Class Action and Derivative Action, Application for Attorneys’ Fees and Expenses, and Settlement Fairness Hearings (the “Notice”) and Proof of Claim and Release form (the “Claim Form”) (collectively with the Notice, the “Claim Packet”) to Class Members¹, as well as to provide claims and Settlement Fund administration services.

5. As more fully described in the affidavit of Lakeeta M. King submitted to the Court on November 30, 2005 (the “King Affidavit”), A.B. Data distributed 6,089 Claim Packets commencing on October 21, 2005 to potential Class Members and their nominees. Furthermore, A.B. Data caused the Summary Notice of Pendency of Class Action, Proposed Settlement of Class Action, Settlement Hearing, and Motion for Attorneys’ Fees and Reimbursement of Expenses (the “Publication Notice”) to be published in the national edition of *Investor’s Business Daily* and electronically over the *P.R. Newswire* on October 24, 2005.

PROCEDURES FOLLOWED IN PROCESSING CLAIMS

6. Under the terms of the Stipulation and as set forth in the Notice, Class Members were required to submit their Claim Forms no later than November 30, 2005 to obtain their share of the Net Settlement Fund. Class Members seeking to share in the distribution of the Net Settlement Fund were directed in the Notice to submit their Claim Forms to: Vaso Active Pharmaceuticals Securities Litigation, Claims Administrator, c/o A.B. Data, Ltd., P.O. Box 170200, Milwaukee, Wisconsin 53217.

7. A.B. Data received 503 Claim Forms. A.B. Data processed the Claim Forms received in accordance with the terms outlined in the Stipulation and the Notice. In processing the Claim Forms, A.B. Data performed the following activities:

- a. Conferred with Lead Counsel through numerous telephone and email conversations to define guidelines for the evaluation of the Claim Forms;

¹ Pursuant to the Stipulation, the Class was defined as all persons and entities who purchased or otherwise acquired Vaso Class A common stock on the open market during the period December 9, 2003 through March 31, 2004 (the “Class Period”).

- b. Sorted, date-stamped, and bar-coded incoming mail into Claim Forms and administrative mail (which includes all mail other than Claim Forms and supporting documentation and responses to Deficiency Letters, such as requests for Claim Forms, requests for change of address, or questions regarding the claims administration process);
- c. Entered the information from each Claim Form, including the name, address, Taxpayer Identification Number or Social Security Number of the claimant, and the purchase and sale transactions listed on the Claim Form, into a computerized database;
- d. Scanned all Claim Forms and administrative mail into a secure database and stored all original documentation off-site as part of a disaster recovery plan;
- e. Maintained case specific correspondence with potential claimants, banks, brokers and other nominees;
- f. Reviewed the documentation provided in support of each claim to ascertain whether the claimant had in fact purchased or otherwise acquired shares of Vaso Active Pharmaceuticals Class A common stock during the Class Period;
- g. Reviewed the identities of the claimants to confirm that they were not excluded from the Class, either due to their status as a Defendant, a officer or director of the Company, a member of a Defendant's immediate family or their legal representative, heir, successor or assign or any entity in which any Defendant has or had a controlling interest, to the extent that the identities of such persons or entities are known to A.B. Data through the claimants' certifications on the Claim Form, or because they timely and validly requested exclusion from the Class pursuant to the Notice;
- h. Developed, generated and mailed Deficiency Letters and Rejection Letters to claimants;
- i. Processed responses to the Deficiency and Rejection Letters;
- j. Responded to telephone calls from claimants and other potential Class Members;
- k. Conducted audits of the database and Claim Form processing to ensure accuracy;
- l. Developed a loss calculation flow chart in accordance with the Court-approved Plan of Allocation; and

m. Calculated the amount of loss per accepted claim pursuant to the Plan of Allocation (the "Claim Amount") as found on pages 5 through 6 of the Notice.

THE DEFICIENCY PROCESS

8. Beginning on August 1, 2006 A.B. Data mailed 230 Deficiency Letters and 243 Rejection Letters via First Class Mail.

a. The Deficiency Letter advised recipients that unless the deficiency was corrected by the date set forth in the Letter, his, her or its claim would be accepted only to the extent of the documentation supplied, or that the claim would be entirely rejected if he, she or it had not supplied the required documentation or filing information for any transaction, or the claim was otherwise deficient; and

b. Claimants who submitted claims that showed that they were ineligible to participate in the Settlement distribution were sent a Rejection Letter. Also, claimants who submitted duplicate Claim Forms were sent Rejection Letters rejecting the duplicate claims. All of the claimants who were sent Rejection Letters were advised of their right to have this Court review A.B. Data's administrative determination.

9. Deficiency Letter 1, attached herewith as Exhibit A, was mailed via First Class Mail to 157 claimants who supplied incomplete documentation to support the information stated on their Claim Forms. Corrections of those deficiencies were requested to be submitted by August 21, 2006.

10. Deficiency Letter 2, attached herewith as Exhibit B, was mailed via First Class Mail to 14 claimants who did not sign their Claim Forms. The claimants were directed to sign their Claims Forms and return the corrected documentation to A.B. Data by August 21, 2006.

11. Deficiency Letter 3, attached herewith as Exhibit C, was mailed via First Class Mail to one claimant who filed on behalf of a deceased Class Member and who did not attach the required documentation to support her claim to the deceased Class Member's potential award. The claimant was directed to correct the deficiency and return the corrected documentation to A.B. Data by August 21, 2006.

12. Deficiency Letter 4, attached herewith as Exhibit D, was mailed via First Class Mail to 58 claimants who did not include the full name of all individuals listed on the account and/or the supporting documentation did not include the full name of the account. The claimants were directed to correct the deficiency and return the corrected documentation to A.B. Data by August 21, 2006.

13. Rejection Letter 1, attached herewith as Exhibit E, was mailed via First Class Mail beginning on August 1, 2006, to 80 claimants who did not meet the requirements for participation in the distribution of the Net Settlement Fund. The claimants were directed to memorialize in writing their objections, if any, to A.B. Data's determination and submit those written objections within 20 days of the date of the letter.

14. Rejection Letter 2, attached herewith as Exhibit F, was mailed via First Class Mail beginning on August 1, 2006, to 6 claimants who submitted duplicate Claim Forms. The claimants were directed to memorialize in writing their objections, if any, to A.B. Data's determination and submit those written objections within 20 days of the date of the letter.

15. Rejection Letter 3, attached herewith as Exhibit G, was mailed via First Class Mail beginning on August 31, 2006, to 128 claimants who failed to adequately cure deficiencies with their claims. The claimants were directed to memorialize in writing their objections to A.B. Data's determination, if any, and submit those written objections by September 20, 2006.

16. Rejection Letter 4, attached herewith as Exhibit H, was mailed via First Class Mail on August 1, 2006, to 29 claimants whose documentation was insufficient to support their claims; and whose claims would be rejected if all transactions listed on their Claim Form were correctly stated. The claimants were directed to correct the documentary deficiencies if they so chose and to return the corrected documentation to A.B. Data by August 21, 2006. The claimants were directed that if they objected to A.B. Data's findings, to memorialize in writing their objections and submit those written objections by August 21, 2006.

17. A.B. Data received a total of 4 objections from claimants contesting their rejected status. A.B. Data contacted these claimants by telephone and resolved all of the objections. Either Follow-up Letter 1 or 2,

attached herewith as Exhibit I, was mailed via First Class Mail to these 4 claimants to confirm resolution of their objections.

CLAIMS CALCULATIONS AND QUALITY ASSURANCE REVIEW

18. Claim Amounts were calculated for claims that were properly filed and supported with adequate documentary evidence.

19. An integral part of the claims administration process is the quality assurance review. In particular, after all of the claims were processed, Deficiency and/or Rejection Letters mailed, and the claimants' responses were reviewed and processed, managers in A.B. Data's Claims Processing Department performed the following quality assurance reviews to ensure correctness and completeness of all of the Claim Forms processed prior to preparing A.B. Data's final documents in support of distribution:

- a. Verified that all Claim Forms had authorized signatures;
- b. Verified that true duplicate Claim Forms were identified, verified and rejected;
- c. Verified that otherwise valid claims that did not have proper Social Security and/or Tax Identification Numbers were flagged in the computer system to denote that condition;
- d. Verified that excluded Class Members either did not file Claim Forms or were rejected upon review;
- e. Performed a final quality assurance audit of Claim Forms and all supporting documentation to ensure completeness of claims;
- f. Determined that all claims requiring Deficiency and/or Rejection Letters were sent such letters;
- g. Performed a sample review of deficient claims;
- h. Reviewed claims with dollar losses exceeding \$25,000;
- i. Sampled claims that were determined to be ineligible, including those claims with a Claim Amount equal to zero, in order to verify that all transactions had been captured correctly;
- j. Performed auditing activities based on Claim Form completion requirements and the approved calculation specifications; and
- k. Tested the accuracy of the Claim Amount calculation program.

RECOMMENDATION FOR APPROVAL AND REJECTION

20. I have been advised by Lead Counsel that the Net Settlement Fund is available for distribution, but that the proceeds from the Notes will not be available for distribution until after December 15, 2007. Therefore, since the claims process is complete, we recommend undertaking two distributions, first, of the Net Settlement Fund, and second, of the proceeds of the Notes.

21. As of March 6, 2007, A.B. Data has received a total of 503 Claim Forms. Of these, 376 Claim Forms were received with a postmark on or before the deadline of November 30, 2005, 234 of which were valid. 127 Claim Forms were received with a postmark after the deadline of November 30, 2005, 62 of which were valid. No claim has been rejected because it was postmarked and received after the November 30, 2005, submission deadline, and A.B. Data believes no delay has resulted from the provisional acceptance of these claims. It is A.B. Data's opinion that when the equities are balanced, it would be unfair to prevent otherwise valid claims from participating in the Settlement distribution solely because they were submitted after the cut-off date, but while the claims were still being processed. Accordingly, it is respectfully requested that this Court approve A.B. Data's administrative determination not to reject these claims.

22. The number of the accepted claims and their *pro rata* share of the Net Settlement Fund has been determined in accordance with the Plan of Allocation.

23. The total Claim Amount of all accepted claims that suffered a loss is \$6,543,751.44 (including \$5,851,161.98 from valid and timely claims and \$692,589.46 from valid claims submitted after the November 30, 2005 deadline).

24. Attached herewith as Exhibit J is a list of Claim Forms that demonstrate a Claim Amount equal to zero when calculated pursuant to the Plan of Allocation. Each claimant included on Exhibit J was mailed a letter advising that him, her or it is not entitled to a distribution according to the terms of the Plan of Allocation.

25. As a result of the calculation of each Authorized Claimant's *pro rata* share of the Net Settlement Fund, there are no claimants whose *pro rata* share is \$10.00 or less in cash per claim.

26. After deficiencies were processed and/or cured, a total of 207 claims, as identified in Exhibit K attached herewith, were rejected in whole or in part for the following reasons:

- a. 104 - Claim Amount equal to zero
- b. 7 - Duplicate claim
- c. 96 - Deficient claim never cured

A.B. Data notified these claimants of its determination with the appropriate Rejection Letter.

27. Attached herewith as Exhibit L is a computer printout listing all of the Claim Forms filed in this Action. The first portion of the printout lists all of the valid and timely-filed claims and shows each claimant's Claim Amount. The second portion of the printout lists all claims that were valid but submitted after the November 30, 2005 deadline and shows each claimant's Claim Amount. The final portion of the printout contains a list of the rejected claims and shows the reasons why each claim was rejected.

28. A.B. Data has spent the time necessary to do a thorough job of processing the claims to protect the interests of the Class as a whole. No claims were rejected out-of-hand and adequate time was spent communicating with Class Members and suggesting appropriate ways that their claims could be documented. Telephone calls and written letters from claimants were courteously handled. Class Members were assisted to the fullest extent possible. Your affiant believes the professional attitude and work product of A.B. Data were of the highest quality.

29. In order to effectuate the first distribution of the Net Settlement Fund, it is respectfully requested that this Court release and discharge all persons who are involved in the review, verification, calculation, tabulation, or any other aspect of the processing of the claims filed in this case, or who are otherwise involved in the administration or taxation of the Settlement Fund or the Net Settlement Fund, from any and all claims arising out of such involvement, and, pursuant to the Release Terms of the Settlement, bar all Class Members, whether or not they are to receive payment from the Net Settlement Fund, from making any

further claim against the Net Settlement Fund or the Released Parties beyond the amount allocated to them by the Settlement as approved by the Court.

30. It is respectfully requested that the Court enter an Order approving the above determinations accepting and rejecting the claims filed herein. If the Court grants this motion, A.B. Data will undertake the following tasks:

- a. Prepare checks and check registers, and mail checks by prepaid First Class Mail;
- b. Issue replacement checks upon request by payee and issue 1099s;
- c. Answer inquiries about claim calculations and checks; and
- d. Undertake the second distribution of the Net Settlement Fund after the Notes become due on December 15, 2007.

REMAINING FUNDS

31. In the event that any funds remain one year from the first distribution of the Net Settlement Fund to Authorized Claimants, after payment of claims administration costs as requested herein and after A.B. Data has made reasonable and diligent efforts to contact Authorized Claimants who are entitled to participate in the distribution of the Net Settlement Fund but did not cash their distribution checks, A.B. Data respectfully requests to:

- a. if cost-effective, re-distribute the remaining Net Settlement Fund, after payment of any unpaid costs or fees incurred in administering the Net Settlement Fund for such re-distribution, on a *pro rata* basis to the Class Members who have cashed their first and second distribution checks and who would receive at least \$10.00 from such re-distribution and, six months after any such re-distribution, donate any funds remaining in the Net Settlement Fund to a charity selected by Lead Counsel; or
- b. if re-distribution described in paragraph 31(a) is not cost-effective, donate any remaining funds in the Net Settlement Fund to a charity selected by Lead Counsel.

FEES AND DISBURSEMENTS

32. In consideration of payment of its standard fees, subject to this Court's approval, A.B. Data incurred or will incur a total of \$82,379.42 in Notice and Administration Costs, \$11,295.00 of which are fees and expenses incurred or to be incurred in connection with the distribution of the Settlement Fund. A.B. Data has already received payment of \$82,379.42 from the Settlement Fund leaving \$0.00 to be paid.

RECORDS RETENTION AND DESTRUCTION

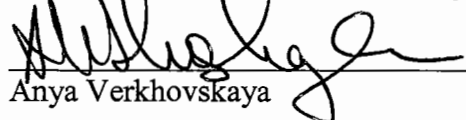
33. A.B. Data requests that the Court enter an Order authorizing A.B. Data to destroy the paper copies of the Claim Forms one year after the second distribution of the Net Settlement Fund and to destroy electronic copies of claim records three years after the second distribution of the Net Settlement Fund.

CONCLUSION

34. For the foregoing reasons, it is respectfully requested that this Court enter an Order:
- Approving A.B. Data's administrative determinations accepting and rejecting claims;
 - Approving the plan for any remaining funds following the first and second distribution to Authorized Claimants;
 - Authorizing the first and second distributions of the Net Settlement Fund to the Authorized Claimants; and
 - Authorizing destruction of paper copies of Claim Forms and electronic copies of claim records as set forth herein.

I declare under penalty of perjury that the foregoing is true and correct.

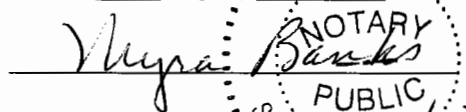
Executed this 6 day of March, 2007, at Milwaukee, Wisconsin.



Anya Verkhovskaya

SUBSCRIBED and SWORN before me

on the 6th day of March, 2007.



My Commission expires on 4/1/2010

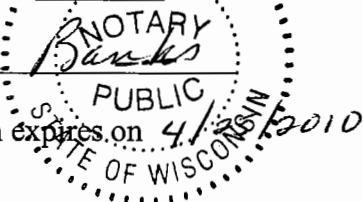



Exhibit A

**D1****RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

PROOF OF CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: DEFICIENCY LETTER 1
 REASON: INSUFFICIENT DOCUMENTATION
 CASE: 
VASO

«Name1»
 «Name2»
 «Name3»
 «Name4»
 «Name5»
 «Street3»
 «Street2»
 «Street1»
 «City» «State» «Zip»
 «Province»
 «Country»

DEFICIENCY LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

Please be advised that the entire claim submitted in connection with the above-mentioned litigation is insufficient because acceptable Proof of Claim documentation was not provided for the purchase(s) and/or sale(s) of Vaso common stock for the transaction(s) listed on the enclosed. Claims that have not been corrected may result in a reduction or disqualification from any distribution.

Acceptable documentation for Proof of Claim for purchases and sales must be in the form of broker's confirmations, monthly brokerage statements, schedules attached to tax filings, or letters signed by your broker on brokerage letterhead. Each form must include the trade date, the number of shares, the individual share price and the cost or proceeds of the transaction. Also, please include at least one page for each brokerage account that includes the full name of the account and all individuals' names listed on the account. Any missing stock information could result in a reduction or disqualification from any distribution. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

All responses should be sent to the above address no later than August 21, 2006. Please attach the Receipt Form above and reference your claim number in all correspondence.


Claims Administrator

CLAIM NUMBER: 000	IN RE VASO ACTIVE PHARMACEUTICALS
BATCH NO:	SECURITIES LITIGATION
DATE: AUGUST 1, 2006	CLAIMS ADMINISTRATOR
LETTER: DEFICIENCY LETTER 1	P.O. BOX 170200
REASON: INSUFFICIENT DOCUMENTATION	MILWAUKEE, WI 53217-8016

Exhibit B

000 **D2****RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: DEFICIENCY LETTER 2
 REASON: NO SIGNATURE
 CASE: 

VASO

«Name1»
 «Name2»
 «Name3»
 «Name4»
 «Name5»
 «Street3»
 «Street2»
 «Street1»
 «City» «State» «Zip»
 «Province»
 «Country»

DEFICIENCY LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

Please be advised that the entire claim submitted in connection with the above-mentioned litigation is insufficient because **the Proof of Claim and Release form was not signed. Please sign the enclosed copy and return it to the address above.** Claims that have not been corrected may result in a reduction or disqualification from any distribution.

All responses should be sent to the above address no later than August 21, 2006. Please attach the Receipt Form above and reference your claim number in all correspondence. You may fax your signature page together with your Receipt Form to our toll free fax (866) 233-8545. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

CLAIM NUMBER: 000	IN RE VASO ACTIVE PHARMACEUTICALS
BATCH NO:	SECURITIES LITIGATION
DATE: AUGUST 1, 2006	CLAIMS ADMINISTRATOR
LETTER: DEFICIENCY LETTER 2	P.O. BOX 170200
REASON: NO SIGNATURE	MILWAUKEE, WI 53217-8016

Exhibit C

**D3****RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: DEFICIENCY LETTER 3
 REASON: DECEASED CLAIMANT
 CASE:

**VASO**

«Name1»
 «Name2»
 «Name3»
 «Name4»
 «Name5»
 «Street3»
 «Street2»
 «Street1»
 «City» «State» «Zip»
 «Province»
 «Country»

DEFICIENCY LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

With regard to the claim filed in the above referenced litigation, additional information is required to complete your claim. In order to issue a settlement check, if one is due, we need copies of the following documentation in order to identify the correct person to whom the checks should be issued:

- Death Certificate of the original owner of the stock or individual whose name is on the documentation; and
- Last Will and Testament of the decedent, or if he or she passed away intestate (without a will), an order from the Probate Court establishing ownership of the intestate estate; **and**
- A brokerage statement from the month that the decedent passed away.

The above referenced documents must be received at the address below by August 21, 2006.

In re Vaso Active Pharmaceuticals Securities Litigation
 Settlement Administrator
 c/o A.B. Data, Ltd.
 P.O. Box 170200
 Milwaukee, WI 53217-8016

Please attach Receipt Form above and reference your claim number in all correspondence. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

CLAIM NUMBER: 000 BATCH NO: DATE: AUGUST 1, 2006 LETTER: DEFICIENCY LETTER 3 REASON: DECEASED CLAIMANT	IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION CLAIMS ADMINISTRATOR P.O. BOX 170200 MILWAUKEE, WI 53217-8016
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Exhibit D



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D4**RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: DEFICIENCY LETTER 4
 REASON: MISSING NAME
 CASE: 
VASO

«Name1»
 «Name2»
 «Name3»
 «Name4»
 «Name5»
 «Street3»
 «Street2»
 «Street1»
 «City» «State» «Zip»
 «Province»
 «Country»

DEFICIENCY LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

Please be advised that the proof of claim submitted in connection with the above-mentioned litigation is insufficient because (1) the supporting documentation for your purchase(s) or acquisition(s) and/or sale(s) of Vaso common stock **does not include the full name of ALL individuals listed on the account** and/or (2) the supporting documentation **does not include the full name of the account**.

Acceptable documentation would include broker's confirmations, monthly brokerage statements, or letters signed by your broker on brokerage letterhead that lists all individual's full names that are on the account and the full name of the account itself. Often, the first page of the monthly statement includes all necessary information. Any missing stock information could result in a reduction or disqualification from any distribution.

All responses should be sent to the above address no later than **August 21, 2006**. Please attach the receipt form above and reference your proof of claim number in all correspondence. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: DEFICIENCY LETTER 4
 REASON: MISSING NAME

IN RE VASO ACTIVE PHARMACEUTICALS
 SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

Exhibit E



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R1

RECEIPT FORM

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: REJECTION LETTER 1
 REASON: NO LOSS
 CASE:



VASO

«Name1»
 «Name2»
 «Name3»
 «Name4»
 «Name5»
 «Street3»
 «Street2»
 «Street1»
 «City» «State» «Zip»
 «Province»
 «Country»

REJECTION LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

Please be advised that the claim submitted in connection with the above-mentioned litigation does not meet the requirements for participation in the distribution of the Settlement Fund because the Loss Amount, as calculated pursuant to the court-approved Plan of Allocation set forth **in the Notice of Proposed Settlement**, is zero.

You have the right to a review by the Court of the rejection of your claim. If you wish to contest the rejection of your claim, you must submit to the address above, within twenty days of the date of this letter, a written notice requesting Court review. Such notice should include a statement of reasons indicating your grounds for contesting the rejection, along with any supporting documentation.

Please attach Receipt Form above and reference your claim number in all correspondence. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

Claim Number:	000	IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
Batch No:		CLAIMS ADMINISTRATOR
Date:	AUGUST 1, 2006	P.O. BOX 170200
Letter:	REJECTION LETTER 1	MILWAUKEE, WI 53217-8016
Reason:	NOLOSS	

Exhibit F



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R2**RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
P.O. BOX 170200
MILWAUKEE, WI 53217-8016

PROOF OF CLAIM NUMBER: 000
BATCH NO:
DATE:
LETTER:
REASON:
CASE:

AUGUST 1, 2006
REJECTION LETTER 2
DUPLICATE CLAIM

**VASO**

«Name1»
«Name2»
«Name3»
«Name4»
«Name5»
«Street3»
«Street2»
«Street1»
«City» «State» «Zip»
«Province»
«Country»

REJECTION LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

Please be advised that the claim submitted in connection with the above-mentioned litigation is being rejected **because this claim is a duplicate in whole or in part of another claim already submitted for the same beneficial owner.** Each claimant is only allowed to file one claim.

You have the right to a review by the Court of the rejection of your claim. If you wish to contest the rejection of your claim, you must submit to the address above, within twenty days of the date of this letter, a written notice requesting Court review. Such notice should include a statement of reasons indicating your grounds for contesting the rejection, along with any supporting documentation.

Please attach Receipt Form above and reference your claim number in all correspondence. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

CLAIM NUMBER: 000
BATCH NO:
DATE: AUGUST 1, 2006
LETTER: REJECTION LETTER 2
REASON: DUPLICATE CLAIM

IN RE VASO ACTIVE PHARMACEUTICALS
SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
P.O. BOX 170200
MILWAUKEE, WI 53217-8016

Exhibit G

«ClaimGUID»
«ClaimGUID» **R3**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIMS ADMINISTRATOR
P.O. BOX 170200
MILWAUKEE, WI 53217-8016

RECEIPT FORM

Claim Number: «ClaimGUID»
Batch No: «mailId»
Date: OCTOBER 26, 2006
Letter: REJECTION LETTER 3
Reason: UNRESOLVED DEFICIENCIES

«Name1»
«Name2»
«Name3»
«Name4»
«Name5»
«Street3»
«Street2»
«Street1»
«City» «State» «Zip»
«Province»
«Country»

REJECTION LETTER

DATE: October 26, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: «ClaimGUID»

Dear Claimant:

Please be advised that the claim submitted in connection with the above-mentioned litigation does not meet the requirements for participation in the distribution of the Settlement Fund because you failed to adequately cure the deficiencies set forth in our letter dated _____, 2006. As stated in the Proof of Claim and Release, you were required to submit genuine and sufficient documentation to support all transactions in Vaso common stock that comprise the basis for your claim. Your failure to do so has resulted in the rejection of your claim.

You have the right to a review by the Court of the rejection of your claim. If you wish to contest the rejection of your claim, we must receive written notice of your request for Court review by _____, 2006. Such notice must be sent to the address set forth above and must include a statement of reasons indicating your grounds for contesting the rejection, along with any supporting documentation.

Please attach Receipt Form above and reference your claim number in all correspondence. You may contact the Vaso Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

Claim Number: «ClaimGUID» Batch No: «mailId» Date: OCTOBER 26, 2006 Letter: REJECTION LETTER 3 Reason: UNRESOLVED DEFICIENCIES	IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION CLAIMS ADMINISTRATOR P.O. BOX 170200 MILWAUKEE, WI 53217-8016
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Exhibit H



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R4**RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
 CLAIMS ADMINISTRATOR
 P.O. BOX 170200
 MILWAUKEE, WI 53217-8016

PROOF OF CLAIM NUMBER: 000
 BATCH NO:
 DATE: AUGUST 1, 2006
 LETTER: REJECTION LETTER 4
 REASON: NO LOSS AND DEFICIENT
 CASE:

VASO

«Name1»
 «Name2»
 «Name3»
 «Name4»
 «Name5»
 «Street3»
 «Street2»
 «Street1»
 «City» «State» «Zip»
 «Province»
 «Country»

REJECTION LETTER

DATE: August 1, 2006
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

Please be advised that the claim submitted in connection with the above-mentioned litigation is deficient because acceptable documentation was not provided for each of the purchase(s) and/or sale(s) of Vaso Active Pharmaceuticals common stock for the transaction(s) listed on the enclosed. As stated in the Proof of Claim and Release Instructions, you were required to submit genuine and sufficient documentation to support all transactions and positions in Vaso Active Pharmaceuticals common stock that comprise the basis for your claim. You have the right to submit additional documentation to cure the deficiencies set forth in the attached.

However, while you may submit additional documentation to support the transactions set forth in your Proof of Claim, our review of the transactions stated in your claim form suggests that even **if you submit documentation to prove every transaction that was stated, your claim will be rejected.** This is because, according to the transactions you listed on your Proof of Claim and Release form, your claim does not meet the requirements for participation in the distribution of the Settlement Fund because the Loss Amount, as calculated pursuant to the Court-approved Plan of Allocation set forth in the Notice of Proposed Settlement, is zero.

Acceptable documentation for Proof of Claim for purchases and sales must be in the form of brokers' confirmations, monthly brokerage statements, schedules attached to tax filings, or letters signed by your broker on brokerage letterhead. Also, please include at least one page for each brokerage account that includes the full name of the account, and all individuals' names listed on the account. **As stated above, curing the deficiencies may still result in the rejection of your claim.** If you choose to submit additional documentation, please submit documentation no later than August 21, 2006.

If you choose not to submit additional documentation, you have the right to a review by the Court of the rejection of your claim. If you wish to contest the rejection of your claim, written notice of your request must be submitted for Court review by August 21, 2006. Such notice must be sent to the address set forth above and must include a statement of reasons indicating your grounds for contesting the rejection, along with any supporting documentation.

Please attach the Receipt Form above, and reference your claim number in all correspondence. You may contact the Vaso Active Pharmaceuticals Settlement Helpline phone number, (800) 952-0542 or (414) 963-6497, with any inquiries.

Claims Administrator

CLAIM NUMBER: 000	IN RE VASO ACTIVE PHARMACEUTICALS
BATCH NO:	SECURITIES LITIGATION
DATE: AUGUST 1, 2006	CLAIMS ADMINISTRATOR
LETTER: REJECTION LETTER 4	P.O. BOX 170200
REASON: NO LOSS AND DEFICIENT	MILWAUKEE, WI 53217-8016

Exhibit I



«ClaimGUID»

F1**RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
SETTLEMENT ADMINISTRATOR
P.O. BOX 170500
MILWAUKEE, WI 53217

Claim Number: «ClaimGUID»
Batch No: «mailId»
Date: FEBRUARY 15, 2007
Letter: FOLLOW UP LETTER 1
Reason: OBJECTOR STATUS RESOLUTION

«Name1»
«Name2»
«Name3»
«Name4»
«Name5»
«Street3»
«Street2»
«Street1»
«City» «State» «Zip»
«Province»
«Country»

DATE: February 15, 2007
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: «ClaimGUID»

Dear Claimant:

This letter confirms your recent communication with us in which you indicated that you do not wish to pursue your objection in the above-referenced litigation. Based on this information, your claim will be rejected as discussed and will not be included in any distribution of the Settlement Fund.

You may contact the In re Vaso Active Pharmaceuticals Securities Litigation Settlement Helpline phone number, (800) 952-0542 with any inquiries.

Claims Administrator

Claim Number:	«ClaimGUID»
Batch No:	«mailId»
Date:	FEBRUARY 15, 2007
Letter:	FOLLOW UP LETTER 1
Reason:	OBJECTOR STATUS RESOLUTION

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION SETTLEMENT ADMINISTRATOR P.O. BOX 170500 MILWAUKEE, WI 53217
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F2**RECEIPT FORM**

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
SETTLEMENT ADMINISTRATOR
P.O. BOX 170500
MILWAUKEE, WI 53217

Claim Number: 000
Date: FEBRUARY 15, 2007
Letter: FOLLOW UP LETTER 2
Reason: OBJECTOR STATUS RESOLUTION

«Name1»
«Name2»
«Name3»
«Name4»
«Name5»
«Street3»
«Street2»
«Street1»
«City» «State» «Zip»
«Province»
«Country»

DATE: February 15, 2007
RE: IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION
CLAIM NUMBER: 000

Dear Claimant:

This letter confirms your recent communication with us in which you indicated that you do not wish to pursue your objection in the above-referenced litigation. We have received the information you provided, and your claim has now been put in active status.

You may contact the In re Vaso Active Pharmaceuticals Securities Litigation Settlement Helpline phone number, (800) 952-0542 with any inquiries.

Claims Administrator

Claim Number:	000
Date:	FEBRUARY 15, 2007
Letter:	FOLLOW UP LETTER 2
Reason:	OBJECTOR STATUS RESOLUTION

IN RE VASO ACTIVE PHARMACEUTICALS SECURITIES LITIGATION SETTLEMENT ADMINISTRATOR P.O. BOX 170500 MILWAUKEE, WI 53217
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Exhibit J

3/6/2007 1:55 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

3/6/2007 1:55 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

REPORT: EXHIBIT J
PAGE 1 OF 4

REPORT: EXHIBIT J
PAGE 2 OF 4

Exhibit J

Alphabetical list of all of Claim Forms that demonstrate
a Claim Amount equal to zero when calculated
pursuant to the Plan of Allocation

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-7046	\$0.00	P ZL
000-51-7047	\$0.00	P ZL
000-51-6903	\$0.00	P Z
000-51-6972	\$0.00	P ZL
000-51-6855	\$0.00	P ZL
000-51-6622	\$0.00	P Z
000-51-7048	\$0.00	P ZL
000-51-7049	\$0.00	P ZL
000-51-7020	\$0.00	P ZL
000-51-6922	\$0.00	P Z
000-51-7050	\$0.00	P ZL
000-51-6817	\$0.00	P Z
000-51-6919	\$0.00	P ZL
000-51-7051	\$0.00	P ZL
000-51-6961	\$0.00	P ZL
000-51-7080	\$0.00	P ZL
000-51-6888	\$0.00	P Z
000-51-7052	\$0.00	P ZL
000-51-6897	\$0.00	P Z
000-51-7096	\$0.00	P Z
000-51-6856	\$0.00	P Z
000-51-6899	\$0.00	P Z
000-51-7078	\$0.00	P ZL
000-51-6962	\$0.00	P Z
000-51-6924	\$0.00	P Z
000-51-6823	\$0.00	P Z
000-51-7053	\$0.00	P ZL
000-51-6858	\$0.00	P Z
000-51-7018	\$0.00	P ZL
000-51-7054	\$0.00	P ZL
000-51-6657	\$0.00	P Z
000-51-7040	\$0.00	P ZL
000-51-7055	\$0.00	P ZL
000-51-6790	\$0.00	P Z
000-51-6893	\$0.00	P Z
000-51-6620	\$0.00	P Z
000-51-6746	\$0.00	P Z
000-51-7106	\$0.00	P ZL
000-51-6628	\$0.00	P Z
000-51-6814	\$0.00	P Z
000-51-6654	\$0.00	P Z
000-51-6809	\$0.00	P Z
000-51-6661	\$0.00	P Z
000-51-6695	\$0.00	P Z
000-51-6696	\$0.00	P Z
000-51-6877	\$0.00	P Z
000-51-6868	\$0.00	P Z
000-51-7089	\$0.00	P Z
000-51-6676	\$0.00	P Z
000-51-6845	\$0.00	P Z

EXHIBIT J: Alphabetical list of all of Claim Forms that demonstrate a Claim Amount equal to zero when calculated pursuant to the Plan of Allocation

EXHIBIT J: Alphabetical list of all of Claim Forms that demonstrate a Claim Amount equal to zero when calculated pursuant to the Plan of Allocation

3/6/2007 1:55 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

REPORT: EXHIBIT J
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3/6/2007 1:55 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

REPORT: EXHIBIT J
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CLAIM FORMS REPORT
CLAIM FORMS REPORT

3/6/2007 1:55 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

REPORT: EXHIBIT J
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CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6779	\$0.00	P Z
000-51-7067	\$0.00	P ZL
000-51-6726	\$0.00	P Z
000-51-6731	\$0.00	P Z
000-51-6782	\$0.00	P Z

RECORD COUNT: 105

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6785	\$0.00	P Z
000-51-7056	\$0.00	P ZL
000-51-7057	\$0.00	P ZL
000-51-6740	\$0.00	P Z
000-51-7094	\$0.00	P Z
000-51-6659	\$0.00	P Z
000-51-7058	\$0.00	P ZL
000-51-6846	\$0.00	P Z
000-51-7059	\$0.00	P ZL
000-51-6772	\$0.00	P Z
000-51-7043	\$0.00	P Z
000-51-7060	\$0.00	P ZL
000-51-6704	\$0.00	P Z
000-51-7030	\$0.00	P ZL
000-51-7036	\$0.00	P ZL
000-51-7061	\$0.00	P ZL
000-51-7062	\$0.00	P ZL
000-51-6952	\$0.00	P Z
000-51-6644	\$0.00	P Z
000-51-6744	\$0.00	P Z
000-51-6636	\$0.00	P Z
000-51-7063	\$0.00	P ZL
000-51-6792	\$0.00	P Z
000-51-6621	\$0.00	P Z
000-51-6747	\$0.00	P Z
000-51-6917	\$0.00	P ZL
000-51-6770	\$0.00	P Z
000-51-6835	\$0.00	P Z
000-51-6688	\$0.00	P Z
000-51-6665	\$0.00	P Z
000-51-6759	\$0.00	P Z
000-51-7064	\$0.00	P ZL
000-51-7091	\$0.00	P ZL
000-51-6937	\$0.00	RZL
000-51-6940	\$0.00	P ZL
000-51-6915	\$0.00	P Z
000-51-6816	\$0.00	P Z
000-51-7006	\$0.00	P Z
000-51-6672	\$0.00	P Z
000-51-7065	\$0.00	P ZL
000-51-6844	\$0.00	P Z
000-51-6789	\$0.00	P Z
000-51-6629	\$0.00	P Z
000-51-7066	\$0.00	P ZL
000-51-6901	\$0.00	P Z
000-51-7037	\$0.00	P ZL
000-51-7097	\$0.00	P Z
000-51-7098	\$0.00	P Z
000-51-7099	\$0.00	P Z
000-51-6840	\$0.00	P Z

EXHIBIT J: Alphabetical list of all of Claim Forms that demonstrate a Claim Amount equal to zero when calculated pursuant to the Plan of Allocation

EXHIBIT J: Alphabetical list of all of Claim Forms that demonstrate a Claim Amount equal to zero when calculated pursuant to the Plan of Allocation

Exhibit K

3/6/2007 1:59 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

3/6/2007 1:59 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

REPORT: EXHIBIT K
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REPORT: EXHIBIT K
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Exhibit K

Alphabetical list of all of Claim Forms that were
rejected in whole or in part

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6700	\$1,590.00	R
000-51-7046	\$0.00	P ZL
000-51-7047	\$0.00	P ZL
000-51-6806	\$1,908.00	D
000-51-6941	\$28,333.68	R
000-51-6943	\$1,908.00	R
000-51-6942	\$5,152.29	R
000-51-6903	\$0.00	P Z
000-51-6972	\$0.00	P ZL
000-51-6703	\$9,540.00	R
000-51-7077	\$1,272.00	RL
000-51-6771	\$1,590.00	R
000-51-6855	\$0.00	P ZL
000-51-6622	\$0.00	P Z
000-51-6907	\$954.00	R
000-51-6860	\$782.28	R
000-51-6701	\$10,494.00	R
000-51-7048	\$0.00	P ZL
000-51-7049	\$0.00	P ZL
000-51-7020	\$0.00	P ZL
000-51-7075	\$47,700.00	RL
000-51-6922	\$0.00	P Z
000-51-7050	\$0.00	P ZL
000-51-6817	\$0.00	P Z
000-51-6919	\$0.00	P ZL
000-51-7042	\$19,080.00	RL
000-51-7051	\$0.00	P ZL
000-51-7038	\$15,150.00	RL
000-51-6961	\$0.00	P ZL
000-51-7080	\$0.00	P ZL
000-51-6880	\$22,929.93	RL
000-51-6888	\$0.00	P Z
000-51-7052	\$0.00	P ZL
000-51-6897	\$0.00	P Z
000-51-7096	\$0.00	P Z
000-51-6856	\$0.00	P Z
000-51-6914	\$3,180.00	R
000-51-6822	\$954.00	R
000-51-6899	\$0.00	P Z
000-51-7078	\$0.00	P ZL
000-51-6962	\$0.00	P Z
000-51-6924	\$0.00	P Z
000-51-6823	\$0.00	P Z
000-51-7053	\$0.00	P Z
000-51-6684	\$19,080.00	P ZL
000-51-6658	\$0.00	R
000-51-7018	\$0.00	P Z
000-51-7054	\$0.00	P ZL
000-51-6657	\$0.00	P Z
000-51-7040	\$0.00	P ZL

EXHIBIT K: Alphabetical list of all of Claim Forms that were rejected in whole or in part

EXHIBIT K: Alphabetical list of all of Claim Forms that were rejected in whole or in part

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CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

CLAIM FORMS REPORT
REPORT: EXHIBIT K
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CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-7088	\$4,197.60	D L
000-51-7094	\$0.00	P Z
000-51-7069	\$20,352.00	RL
000-51-6894	\$1,908.00	R
000-51-6659	\$0.00	P Z
000-51-7058	\$0.00	P ZL
000-51-6846	\$0.00	P Z
000-51-7059	\$0.00	P ZL
000-51-6768	\$648.72	R
000-51-6772	\$0.00	P Z
000-51-7043	\$0.00	P Z
000-51-6850	\$19,080.00	R
000-51-7060	\$0.00	P ZL
000-51-6704	\$0.00	P Z
000-51-6757	\$3,816.00	R
000-51-7030	\$0.00	P ZL
000-51-7036	\$0.00	P ZL
000-51-7061	\$0.00	P ZL
000-51-6936	\$11,448.00	D L
000-51-6935	\$11,448.00	RL
000-51-7062	\$0.00	P ZL
000-51-6677	\$0.00	R
000-51-6725	\$3,816.00	R
000-51-6680	\$4,134.00	R
000-51-6952	\$680.52	R
000-51-6644	\$0.00	P Z
000-51-6618	\$1,908.00	R
000-51-6744	\$0.00	P Z
000-51-6987	\$12,402.00	D
000-51-6920	\$3,029.10	R
000-51-6636	\$0.00	P Z
000-51-7063	\$0.00	P ZL
000-51-6857	\$1,272.00	R
000-51-6970	\$8,610.79	RL
000-51-6792	\$0.00	P Z
000-51-6673	\$95.40	R
000-51-6621	\$0.00	P Z
000-51-6747	\$0.00	P Z
000-51-6887	\$381.60	R
000-51-6917	\$0.00	P ZL
000-51-6721	\$6,996.00	R
000-51-6820	\$25,440.00	D
000-51-6770	\$0.00	P Z
000-51-6835	\$0.00	P Z
000-51-6963	\$474.00	RL
000-51-6688	\$0.00	P Z
000-51-6787	\$3,816.00	R
000-51-6665	\$0.00	P Z
000-51-6759	\$0.00	P Z
000-51-7064	\$0.00	P ZL

EXHIBIT K: Alphabetical list of all of Claim Forms that were rejected in whole or in part

3/6/2007 1:59 PM
CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

CLAIM FORMS REPORT
REPORT: EXHIBIT K
PAGE 3 OF 6

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6651	\$15,900.00	R
000-51-7055	\$0.00	P ZL
000-51-6790	\$0.00	P Z
000-51-6716	\$2,035.20	R
000-51-7013	\$3,180.00	RL
000-51-6893	\$0.00	P Z
000-51-6631	\$3,816.00	R
000-51-6698	\$954.00	R
000-51-6620	\$0.00	P Z
000-51-6743	\$636.00	R
000-51-6742	\$3,120.80	R
000-51-6746	\$0.00	P Z
000-51-6691	\$4,452.00	R
000-51-6741	\$57,240.00	R
000-51-7106	\$0.00	P ZL
000-51-6682	\$318.00	R
000-51-6645	\$1,908.00	R
000-51-6647	\$6,360.00	R
000-51-6628	\$0.00	P Z
000-51-6814	\$0.00	P Z
000-51-6758	\$12,720.00	R
000-51-6654	\$0.00	P Z
000-51-7081	\$1,908.00	R
000-51-6809	\$0.00	P Z
000-51-6661	\$0.00	P Z
000-51-6652	\$572.40	R
000-51-6905	\$381.60	R
000-51-6695	\$0.00	P Z
000-51-6696	\$0.00	P Z
000-51-7023	\$18,053.19	RL
000-51-6877	\$0.00	P Z
000-51-6868	\$0.00	P Z
000-51-6819	\$1,195.68	R
000-51-6766	\$9,540.00	R
000-51-7089	\$0.00	P Z
000-51-6676	\$0.00	P Z
000-51-6845	\$0.00	P Z
000-51-6953	\$6,360.00	RL
000-51-6785	\$0.00	P Z
000-51-6693	\$636.00	R
000-51-7056	\$0.00	P ZL
000-51-7057	\$0.00	P ZL
000-51-6740	\$0.00	P Z
000-51-6800	\$38,160.00	R
000-51-6959	\$1,272.00	RL
000-51-6947	\$636.00	R
000-51-6690	\$1,908.00	R
000-51-7027	\$14,023.80	RL
000-51-6809	\$2,728.74	R
000-51-7068	\$3,748.26	RL

EXHIBIT K: Alphabetical list of all of Claim Forms that were rejected in whole or in part

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CASE NO: In re Vaso Active Pharmaceutical Corporation Securities Litigation

REPORT: EXHIBIT K
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REPORT: EXHIBIT K
PAGE 5 OF 6

CLAIM FORMS REPORT
CLAIM FORMS REPORT
CLAIM FORMS REPORT

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-7067	\$0.00	P ZL
000-51-6870	\$1,335.60	R
000-51-6726	\$0.00	P Z
000-51-6731	\$0.00	P Z
000-51-6724	\$381.60	R
000-51-6782	\$0.00	P Z
000-51-6869	\$2,544.00	R

RECORD COUNT: 207

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6938	\$1,908.00	RL
000-51-7091	\$0.00	P ZL
000-51-6939	\$4,352.81	RL
000-51-6937	\$0.00	RZL
000-51-6940	\$0.00	P ZL
000-51-6904	\$1,590.00	R
000-51-7090	\$5,829.50	R
000-51-6778	\$9,540.00	R
000-51-6915	\$0.00	P Z
000-51-7015	\$2,544.00	RL
000-51-6948	\$57,240.00	RL
000-51-6816	\$0.00	P Z
000-51-6885	\$7,950.00	R
000-51-7006	\$0.00	P Z
000-51-6672	\$0.00	P Z
000-51-6807	\$203,520.00	R
000-51-7065	\$0.00	P ZL
000-51-6844	\$0.00	P Z
000-51-6789	\$0.00	P Z
000-51-6697	\$1,272.00	R
000-51-6849	\$19,080.00	R
000-51-6708	\$1,272.00	R
000-51-6867	\$1,908.00	R
000-51-6780	\$19,080.00	R
000-51-6629	\$0.00	P Z
000-51-7010	\$2,544.00	RL
000-51-6705	\$1,272.00	R
000-51-7066	\$0.00	P ZL
000-51-6793	\$1,908.00	R
000-51-7021	\$1,272.00	D L
000-51-7025	\$230.00	D L
000-51-6623	\$6,360.00	R
000-51-6949	\$2,289.60	RL
000-51-6901	\$0.00	P Z
000-51-7037	\$0.00	P ZL
000-51-6956	\$636.00	RL
000-51-6738	\$1,908.00	R
000-51-6879	\$5,724.00	R
000-51-6878	\$5,724.00	R
000-51-7097	\$0.00	P Z
000-51-7098	\$0.00	P Z
000-51-7099	\$0.00	P Z
000-51-6840	\$0.00	P Z
000-51-7110	\$4,388.40	R
000-51-7111	\$4,388.40	R
000-51-6932	\$954.00	R
000-51-6944	\$19,080.00	R
000-51-6752	\$1,272.00	R
000-51-6779	\$0.00	P Z
000-51-6865	\$5,743.00	R

EXHIBIT K: Alphabetical list of all of Claim Forms that were rejected in whole or in part

EXHIBIT K: Alphabetical list of all of Claim Forms that were rejected in whole or in part

Exhibit L

EXHIBIT L: Part One of Three
Alphabetical list of all valid timely-filed Claim Forms and their Loss Amounts

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CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6908	\$2,226.00	
000-51-6831	\$5,088.00	
000-51-6913	\$25,440.00	
000-51-6706	\$3,307.20	
000-51-6632	\$922.20	
000-51-6965	\$2,226.00	
000-51-6683	\$3,180.00	
000-51-6656	\$4,801.80	
000-51-6811	\$3,021.00	
000-51-6753	\$38,160.00	
000-51-6722	\$6,360.00	
000-51-6979	\$38,160.00	
000-51-6805	\$1,908.00	
000-51-6689	\$190.80	
000-51-6776	\$3,180.00	
000-51-6981	\$3,052.80	
000-51-6982	\$3,816.00	
000-51-7003	\$38,160.00	
000-51-6732	\$185,831.92	
000-51-6804	\$1,908.00	
000-51-6916	\$254.40	
000-51-6750	\$2,928.13	
000-51-6918	\$116,426.70	
000-51-6950	\$626.83	
000-51-6921	\$12,720.00	
000-51-6762	\$9,540.00	
000-51-6786	\$1,248.78	
000-51-6843	\$6,360.00	
000-51-6842	\$2,617.74	
000-51-6974	\$1,908.00	
000-51-6973	\$572.40	
000-51-6797	\$1,144.80	
000-51-6969	\$477.00	
000-51-6707	\$954.00	
000-51-6737	\$6,360.00	
000-51-6774	\$9,540.00	
000-51-6838	\$954.00	
000-51-6735	\$222,600.00	
000-51-6627	\$12,402.00	
000-51-6734	\$1,272.00	
000-51-7007	\$636.00	
000-51-7008	\$47,112.20	
000-51-6925	\$19,080.00	
000-51-7001	\$865.50	
000-51-7000	\$9,540.00	
000-51-6827	\$95,400.00	
000-51-7002	\$9,540.00	
000-51-6796	\$17,913.00	
000-51-6761	\$1,908.00	
000-51-6761	\$1,526.40	

EXHIBIT L: Part One of Three
Alphabetical list of all valid timely-filed Claim Forms and their Loss Amounts

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6871	\$1,590.00	
000-51-6829	\$2,544.00	
000-51-6854	\$3,163.72	
000-51-6977	\$6,678.00	
000-51-6990	\$302,910.00	
000-51-6989	\$151,455.00	
000-51-6682	\$3,816.00	
000-51-6892	\$5,724.00	
000-51-6912	\$6,360.00	
000-51-6715	\$5,724.00	
000-51-6653	\$572.40	
000-51-6756	\$3,816.00	
000-51-6978	\$2,671.20	
000-51-6802	\$477.00	
000-51-6764	\$1,908.00	
000-51-6714	\$1,113.00	
000-51-6859	\$954.00	
000-51-6815	\$9,540.00	
000-51-6841	\$1,908.00	
000-51-6783	\$954.00	
000-51-6696	\$2,540.34	
000-51-6702	\$2,364.45	
000-51-6803	\$63,600.00	
000-51-6755	\$2,544.00	
000-51-6710	\$3,816.00	
000-51-6711	\$7,632.00	
000-51-6968	\$39,114.00	
000-51-6791	\$9,540.00	
000-51-7116	\$865.60	
000-51-6619	\$3,180.00	
000-51-6666	\$5,724.00	
000-51-6748	\$1,908.00	
000-51-6745	\$6,360.00	
000-51-6648	\$11,296.90	
000-51-6900	\$2,862.00	
000-51-6739	\$954.00	
000-51-6884	\$2,170.43	
000-51-6723	\$6,109.00	
000-51-6635	\$636.00	
000-51-6663	\$9,540.00	
000-51-6826	\$477.00	
000-51-6808	\$3,816.00	
000-51-6891	\$3,180.00	
000-51-6733	\$95,400.00	
000-51-6736	\$1,590.00	
000-51-6830	\$4,750.92	
000-51-6685	\$13,518.10	
000-51-6660	\$6,996.00	
000-51-6650	\$1,272.00	
000-51-6828	\$9,540.00	

EXHIBIT L: Part One of Three
Alphabetical list of all valid timely-filed Claim Forms and their Loss Amounts

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CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6769	\$6,722.22	
000-51-6670	\$18,571.05	
000-51-6624	\$63,600.00	
000-51-6719	\$20,352.00	
000-51-6713	\$6,360.00	
000-51-6669	\$4,770.00	
000-51-7100	\$17,172.00	
000-51-7004	\$4,186.50	
000-51-6992	\$19,080.00	
000-51-6813	\$9,540.00	
000-51-6799	\$11,448.00	
000-51-6931	\$2,692.62	
000-51-6930	\$9,752.85	
000-51-6678	\$15,900.00	
000-51-6996	\$36,606.00	
000-51-6951	\$4,006.80	
000-51-6798	\$4,706.16	
000-51-6832	\$5,724.00	
000-51-6985	\$3,816.00	
000-51-6986	\$1,272.00	
000-51-6983	\$3,264.30	
000-51-6718	\$8,268.00	
000-51-6616	\$2,216.96	
000-51-6717	\$7,632.00	
000-51-6671	\$566.04	
000-51-6720	\$12,720.00	
000-51-6862	\$1,908.00	
000-51-6801	\$28,117.56	
000-51-6866	\$1,908.00	
000-51-6681	\$19,080.00	
000-51-6975	\$6,360.00	
000-51-6837	\$2,544.00	
000-51-6960	\$6,360.00	
000-51-6839	\$6,042.00	

RECORD COUNT: 234

EXHIBIT L: Part One of Three
Alphabetical list of all valid timely-filed Claim Forms and their Loss Amounts

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CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6615	\$5,724.00	
000-51-6727	\$35,959.31	
000-51-6639	\$1,908.00	
000-51-6980	\$2,319,320.78	
000-51-6833	\$19,716.00	
000-51-6642	\$4,293.00	
000-51-6858	\$3,180.00	
000-51-6818	\$9,540.00	
000-51-6667	\$6,360.00	
000-51-6649	\$1,908.00	
000-51-6848	\$1,481.88	
000-51-6997	\$26,286.00	
000-51-6999	\$27,066.00	
000-51-6679	\$24,356.80	
000-51-6626	\$10,176.00	
000-51-6674	\$1,908.00	
000-51-6821	\$95.40	
000-51-6709	\$38,160.00	
000-51-6617	\$1,908.00	
000-51-6712	\$1,908.00	
000-51-6873	\$12,720.00	
000-51-7005	\$4,186.50	
000-51-6991	\$151,455.00	
000-51-6638	\$8,878.68	
000-51-6853	\$3,786.58	
000-51-6852	\$3,816.00	
000-51-6824	\$9,540.00	
000-51-6646	\$6,360.00	
000-51-6754	\$636.00	
000-51-6945	\$5,724.00	
000-51-6788	\$2,556.72	
000-51-6872	\$6,045.82	
000-51-6794	\$3,816.00	
000-51-6861	\$6,508.62	
000-51-6967	\$3,816.00	
000-51-6998	\$26,286.00	
000-51-6729	\$34,344.00	
000-51-6775	\$954.00	
000-51-6889	\$31,800.00	
000-51-6692	\$1,908.00	
000-51-6836	\$10,303.20	
000-51-6640	\$12,720.00	
000-51-6784	\$1,908.00	
000-51-6926	\$1,054.60	
000-51-6933	\$1,272.00	
000-51-6934	\$1,272.00	
000-51-6906	\$795.00	
000-51-6812	\$19,080.00	
000-51-6763	\$33,073.65	
000-51-6767	\$25,224.48	

EXHIBIT L: Part One of Three
Alphabetical list of all valid timely-filed Claim Forms and their Loss Amounts

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Exhibit L: Part Two of Three

Alphabetical list of all valid Claim Forms that were submitted after the November 30, 2005, deadline, and their Loss Amounts

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-7087	\$31,800.00	L
000-51-7044	\$9,540.00	L
000-51-6955	\$6,400.39	L
000-51-7031	\$12,720.00	L
000-51-7086	\$19,080.00	L
000-51-7102	\$2,503.66	L
000-51-6954	\$5,088.00	L
000-51-7113	\$5,088.00	L
000-51-6882	\$2,289.60	L
000-51-6958	\$636.00	L
000-51-6875	\$6,360.00	L
000-51-7072	\$54,217.80	L
000-51-7119	\$1,272.00	L
000-51-7041	\$7,632.00	L
000-51-7032	\$1,908.00	L
000-51-7028	\$27,348.00	L
000-51-7092	\$119,090.15	L
000-51-7104	\$19,080.00	L
000-51-7105	\$1,272.00	L
000-51-7039	\$3,816.00	L
000-51-7070	\$6,360.00	L
000-51-7024	\$31,800.00	L
000-51-7034	\$3,816.00	L
000-51-7033	\$3,816.00	L
000-51-6957	\$1,908.00	L
000-51-7108	\$1,908.00	L
000-51-7107	\$1,908.00	L
000-51-7120	\$634.30	L
000-51-7074	\$16,150.15	L
000-51-6863	\$15,933.51	L
000-51-7011	\$3,339.00	L
000-51-7117	\$30,528.00	L
000-51-7017	\$6,360.00	L
000-51-7045	\$2,684.70	L
000-51-7035	\$3,816.00	L
000-51-7071	\$504.30	L
000-51-7079	\$4,197.60	L
000-51-7085	\$3,029.10	L
000-51-6946	\$6,360.00	L
000-51-7073	\$31,800.00	L
000-51-7109	\$6,360.00	L
000-51-7084	\$2,862.00	L
000-51-7083	\$2,862.00	L
000-51-7082	\$9,540.00	L
000-51-7103	\$1,272.00	L
000-51-7012	\$12,720.00	L
000-51-7016	\$6,063.00	L
000-51-7019	\$18,178.20	L
000-51-7118	\$13,368.72	L
000-51-7076	\$1,908.00	L

EXHIBIT L: Part Two of Three
Alphabetical list of all valid Claim Forms that were submitted after the November 30, 2005, deadline, and their Loss Amounts

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EXHIBIT L: Part Two of Three
Alphabetical list of all valid Claim Forms that were submitted after the November 30, 2005, deadline, and their Loss Amounts

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CASE NO: In re Va

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CLAIM NO
000-51-7115
000-51-7114
000-51-7029
000-51-6886
000-51-6874
000-51-6896
000-51-6910
000-51-6984
000-51-7026
000-51-6971
000-51-7022
000-51-6976

RECOGNIZED LOSS	
\$3,816.00	
\$7,632.00	
\$3,402.60	
\$37,229.10	
\$1,893.50	
\$22,556.84	
\$5,074.50	
\$2,617.74	
\$5,724.00	
\$2,862.00	
\$1,113.00	
\$9,540.00	

DEFECTS

RECORD COUNT:

62

Exhibit L: Part Three of Three

Alphabetical list of all of the rejected Claim Forms and the reasons why they were rejected

EXHIBIT L: Part Two of Three

Alphabetical list of all valid Claim Forms that were submitted after the November 30, 2005, deadline, and their Loss Amounts

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EXHIBIT L : Part Three of Three
Alphabetical list of all of the rejected Claim Forms and the reasons why they were rejected

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CLAIM FORMS REPORT
CLAIM FORMS REPORT
CLAIM FORMS REPORT

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-6938	\$1,908.00	RL
000-51-7091	\$0.00	P ZL
000-51-6939	\$4,352.81	RL
000-51-6937	\$0.00	RZL
000-51-6940	\$0.00	P ZL
000-51-6904	\$1,590.00	R
000-51-7090	\$5,829.50	R
000-51-6778	\$9,540.00	R
000-51-6915	\$0.00	P Z
000-51-7015	\$2,544.00	RL
000-51-6948	\$57,240.00	RL
000-51-6816	\$0.00	P Z
000-51-6885	\$7,950.00	R
000-51-7006	\$0.00	P Z
000-51-6672	\$0.00	P Z
000-51-6807	\$203,520.00	R
000-51-7065	\$0.00	P ZL
000-51-6844	\$0.00	P Z
000-51-6789	\$0.00	P Z
000-51-6697	\$1,272.00	R
000-51-6849	\$19,080.00	R
000-51-6708	\$1,272.00	R
000-51-6667	\$1,908.00	R
000-51-6780	\$19,080.00	R
000-51-6629	\$0.00	P Z
000-51-7010	\$2,544.00	RL
000-51-6705	\$1,272.00	R
000-51-7066	\$0.00	P ZL
000-51-6793	\$1,908.00	R
000-51-7021	\$1,272.00	D L
000-51-7025	\$230.00	D L
000-51-6623	\$6,360.00	R
000-51-6949	\$2,289.60	RL
000-51-6901	\$0.00	P Z
000-51-7037	\$0.00	P ZL
000-51-6956	\$636.00	RL
000-51-6738	\$1,908.00	R
000-51-6879	\$5,724.00	R
000-51-6878	\$5,724.00	R
000-51-7097	\$0.00	P Z
000-51-7098	\$0.00	P Z
000-51-7099	\$0.00	P Z
000-51-6840	\$0.00	P Z
000-51-7110	\$4,388.40	R
000-51-7111	\$4,388.40	R
000-51-6932	\$954.00	R
000-51-6944	\$19,080.00	R
000-51-6752	\$1,272.00	R
000-51-6779	\$0.00	P Z
000-51-6865	\$5,743.00	R

EXHIBIT L : Part Three of Three
Alphabetical list of all of the rejected Claim Forms and the reasons why they were rejected

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-7088	\$4,197.60	D L
000-51-7094	\$0.00	P Z
000-51-7089	\$20,352.00	RL
000-51-6894	\$1,908.00	R
000-51-6659	\$0.00	P Z
000-51-7058	\$0.00	P ZL
000-51-6846	\$0.00	P Z
000-51-7059	\$0.00	P ZL
000-51-6768	\$648.72	R
000-51-6772	\$0.00	P Z
000-51-7043	\$0.00	P Z
000-51-6850	\$19,080.00	R
000-51-7060	\$0.00	P ZL
000-51-6704	\$0.00	P Z
000-51-6757	\$3,816.00	R
000-51-7030	\$0.00	P ZL
000-51-7036	\$0.00	P ZL
000-51-7061	\$0.00	P ZL
000-51-6936	\$11,448.00	D L
000-51-6935	\$11,448.00	RL
000-51-7062	\$0.00	P ZL
000-51-6677	\$3,816.00	R
000-51-6725	\$4,134.00	R
000-51-6680	\$680.52	R
000-51-6952	\$0.00	P Z
000-51-6644	\$0.00	P Z
000-51-6618	\$1,908.00	R
000-51-6744	\$0.00	P Z
000-51-6987	\$12,402.00	D
000-51-6920	\$3,029.10	R
000-51-6636	\$0.00	P Z
000-51-7063	\$0.00	P ZL
000-51-6857	\$1,272.00	R
000-51-6970	\$8,610.79	RL
000-51-6792	\$0.00	P Z
000-51-6673	\$95.40	R
000-51-6621	\$0.00	P Z
000-51-6747	\$0.00	P Z
000-51-6887	\$381.60	R
000-51-6917	\$0.00	P ZL
000-51-6721	\$6,996.00	R
000-51-6820	\$25,440.00	D
000-51-6770	\$0.00	P Z
000-51-6835	\$0.00	P Z
000-51-6963	\$474.00	RL
000-51-6688	\$0.00	P Z
000-51-6787	\$3,816.00	R
000-51-6665	\$0.00	P Z
000-51-6759	\$0.00	P Z
000-51-7064	\$0.00	P ZL

EXHIBIT L : Part Three of Three
Alphabetical list of all of the rejected Claim Forms and the reasons why they were rejected

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CLAIM FORMS REPORT

CLAIM NO	RECOGNIZED LOSS	DEFECTS
000-51-7067	\$0.00	P ZL
000-51-6870	\$1,335.60	R
000-51-6726	\$0.00	P Z
000-51-6731	\$0.00	P Z
000-51-6724	\$381.60	R
000-51-6782	\$0.00	P Z
000-51-6869	\$2,544.00	R
RECORD COUNT:		207

EXHIBIT L : Part Three of Three
Alphabetical list of all of the rejected Claim Forms and the reasons why they were rejected